

VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF LICENSURE AND CERTIFICATION

**Notes from Inpatient Hospital Regulatory Revision Meeting
December 11, 2008**

This meeting finished the first review to the working draft. Bill Berthrong and Steve Ennis joined the group for discussion section 640 on disaster and emergency planning. The committee also discussed PART I of the draft, and the ad hoc topics of: (i) observation beds, (ii) licensed/unlicensed beds and (iii) staffed/unstaffed beds. The comments included:¹

1. 12VAC5-411-640.

General: Use the common name of 'All Hazards' rather than disaster or emergency preparedness.

A, B, C, E, F: Suggest incorporating the Joint commission on Accreditation standards regarding emergency management as was done for patient rights and using same language as in 'Hospital to Patient Communications,' (section 210).

D: Suggest replacing with 'The hospital may utilize non-traditional settings, as described in the hospital's plan, to provide care to patients for the duration of the emergency.'

2. Observation beds. This topic was added as a result of discussions from the State Medical Facilities Task Force (SMFP) that patients are kept in observation beds for 2 to 3 weeks. While committee members believed the comments unfounded, there may be a need to address observation beds within the draft.

DRAFT PART I.

3. 12VAC5-411-20.

B: Is this duplicative of 130 E?

D: Suggest clarifying ' 2 related services' as confusing and will prohibit service flexibility and patient access.

4. 12VAC5-411-30. No changes.

5. 12VAC5-411-40.

General: Why the reference to COPN? Is this necessary?

6. 12VAC5-411-50.

B: Is this duplicative of 130 E? Is payment of a fee for license replacement new?

7. 12VAC5-411-60.

B, C: Are these new?

8. 12VAC5-411-70.

B: Suggest referencing §8.01- 581.17

D: Is this part of the inspection process? Should this be part of section 20?

¹ The comments included herein are from the work group members and do not reflect subsequent responses or action taken by OLC staff.

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9. 12VAC5-41180. No changes.

10. 12VAC5-411-90.

A: "changes in use" is confusing – what are the parameters regarding use of patient rooms for other purposes?

C, E: Does these cross reference section 640?

D2: Should there be clarification regarding the higher levels of newborn beds?

11. 12VAC5-411-120.

A 2-6: These references are confusing, aren't these replacements and addressed in sections 50 and 130?

12 12VAC5-411-10. In addition to suggestions previously offered:

"Bed capacity": Confusing related to bassinets.

"Critical Access Hospital": Should reference 42 CFR

"Inpatient": Replace accommodations with *services*

"Nursing services": Should replicate language of Title 54.1

"Operating room": Needs to reference a sterile core.

"Outpatient": Replace overnight with *less than 24 hours*.

"Special or critical care unit": Delete optimal

Ad Hoc Discussions

The committee also discussed the disconnect in usage of licensed and unlicensed beds; staffed and unstaffed beds and what the definitions and usage of those terms should be as evidenced in VHI data. A suggestion was made that perhaps patient ratios were needed.

Next Steps

The committee will reconvene next March/April to review a second working draft. That draft will then be circulated to all interested parties prior to beginning the formal 60-day comment review of the draft.